IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 209232

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN # 4626-48-9923

APPLICANT: G.P. Kon APPLICANT ADDRESS: PO Box 102 Sherrills Ford

SITE ADDRESS: 129 Silverlake Trail Mooresville PHONE: 828-478-9699 ALT. PHONE:

SITE DIRECTIONS: BSR TR McKendree, TR Digh, TR Montclair, TR Silver Lake, on L

SUBDIVISION: The Farms SECTION: 5 LOT # 556 LOT AREA: 1.05AC DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank 1500 (gal) STB Infiltrator Date

Pump Tank 1000 (gal) PT Infiltrator Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 3 Linear Ft: 267'

Trench Width 24" Max. Trench Bottom Depth 36" Gravel Depth —

☑ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI

System Description: LP- Panel Block

Repair System Description: Same

Maintenance Agreement Required: ☑ YES ☐ NO ☐ GRAVITY ☑ PRESSURE

☑ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees

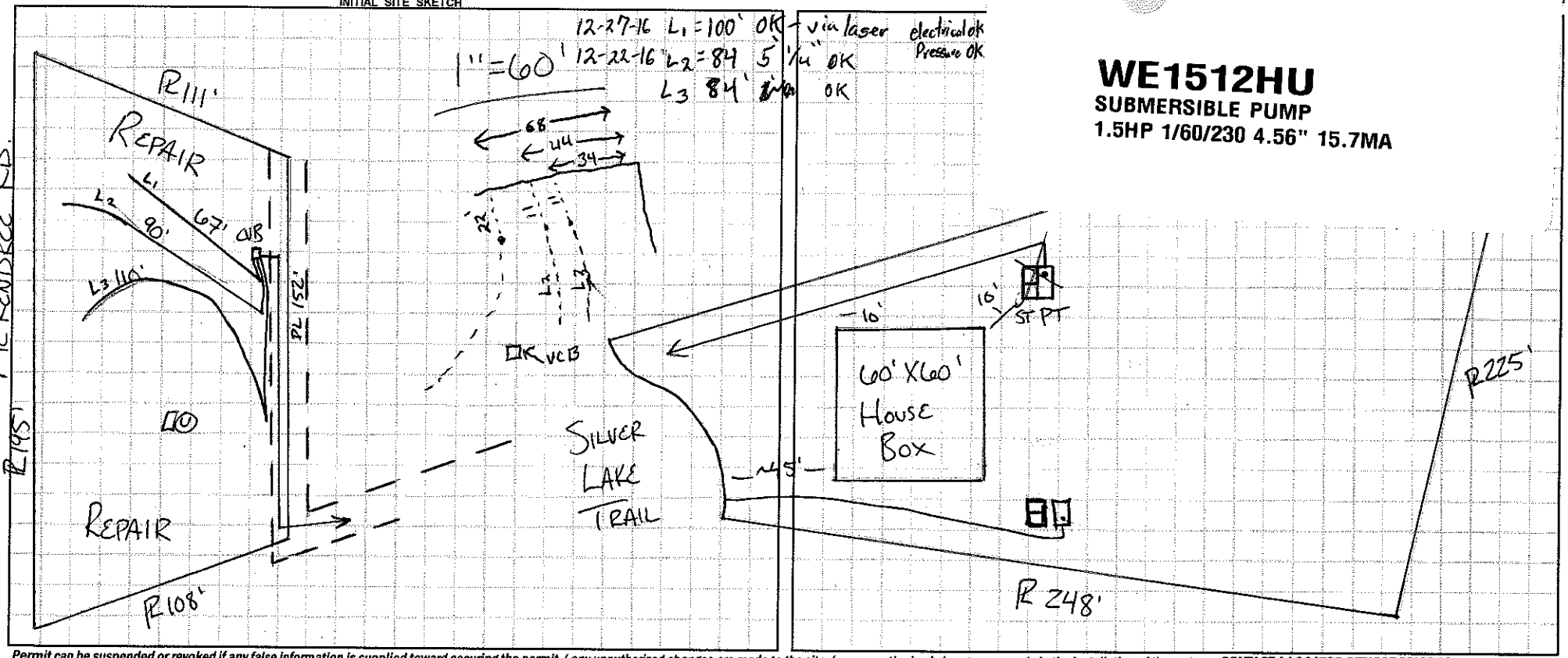
☐ Slab ☐ Crawl Space

☑ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☑ Community

Comments / Conditions: Tanks & Supply Line can be moved to other side if needed.

INITIAL SITE SKETCH



GOULDS WATER TECHNOLOGY

WE1512HU
SUBMERSIBLE PUMP
1.5HP 1/60/230 4.56" 15.7MA

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT**, *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 12/14/2016 Installed by: Russell Williams

IMPROVEMENT PERMIT by: Date: 12-13-16 OPERATION PERMIT by: Tom Shuck Date: 12-27-16

AUTHORIZATION TO CONSTRUCT Date: 12-13-16 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK